

Questions and Answers from state plan training webinars hosted by the Division of Developmental Disabilities April 22, April 26 and April 30 2013

1. Does state plan personal care cover life alert?

Answer: No. Life alerts may be covered under the DD assistive technology waiver service.

2. Is there a difference in the number of hours a person can receive through agency-based and consumer-directed state plan personal care?

Answer: Yes. There are two monthly spending caps on the amount of state plan personal care an individual age 21 or over may receive; one for basic personal care and one for advanced. The cap is calculated annually based on the average monthly cost to MO HealthNet for nursing facility care, and the total hours that a person may receive will vary from year to year depending upon the unit rate for state plan personal care (basic, advance, and RN services). The number of hours a person may qualify is based on their individual needs, as determined by the Department of Health and Senior Services. There is no cost limit on state plan personal care for children. The number of units authorized is based on medical necessity.

3. Can the long time boy friend be hired for CDS services to care for his girlfriend, for whom he has Power of Attorney?

Answer: Yes. To repeat the information found on slide number 21, a spouse or a legally responsible relative cannot be hired as a personal assistant in the DHSS CDS program.

4. Please clarify incontinence supplies. If someone who is 20 or younger could qualify through the State Plan for those supplies could use the waiver for that service instead? Of course they would not be put in a waiver just for the supplies.

Answer: No. Because incontinence supplies are covered through state plan for persons 20 and younger when medically necessary, they may not be provided through any waiver for any individual age 20 or younger for any reason.

5. If you live in a residential care facility can you participate in the Adult Day Care Waiver?

Answer: No

6. Will this webinar be available for anyone in the community?

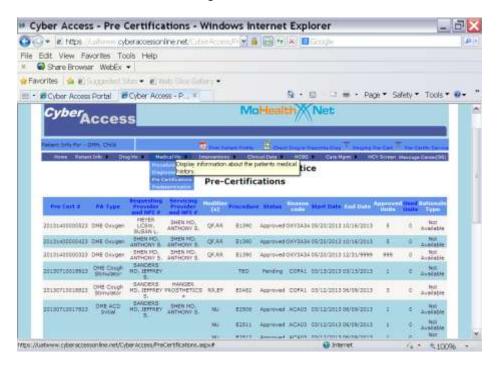
Answer: The division will post the power-point and recorded versions of all three trainings on the public website.

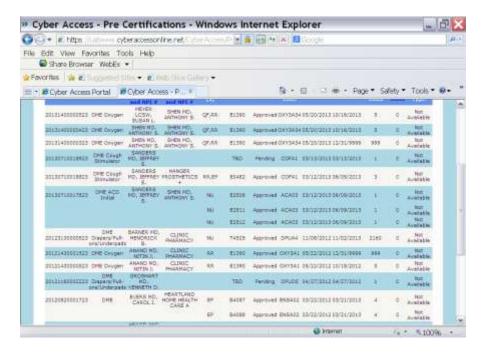
7. Would Mo HealthNet give documentation that they have reviewed requests for DME equipment.

Answer: The pre-certification for DME is available through CyberAcces. MO HealthNet provides training for enrolled providers on use of CyberAccess. If you have questions regarding CyberAccess, you may contact the Xerox Help Desk @ 888 581 9797 or you may contact Kimberly Hicks @ 573 230 7668.

To access the Pre Certifications (including DME) information in CyberAccess:

- 1. Log Into your CyberAccess Account
- 2. From the Home Screen Access a Participant
- 3. Once the Demographics COMPLETELY load, go to the Medical HX tab
- 4. From Medical HX tab go to Pre Certifications





8. Can a guardian be the employer under the state plan consumer directed for personal care?

Answer: No. People participating in the state plan CDS must be able to direct their own care; and may not designate a guardian to be the employer.

9. Why can't you self direct through state plan and medicaid waiver at the same time?

Answer: Because the taxes may only be paid under one federal ID. The CDS program requires the taxes be paid under the participant's tax ID. Most people who self-direct through DD waiver have a designated representative under whose federal ID the taxes are paid.

10. What action is required if it is discovered that someone is self-directing under both DD waiver and DHSS CDS program?

Answer: The individual must choose the program that best meets their needs, and will be terminated from the other. MO HealthNet monitors claims data closely and on a regular basis, notifies the Divisions of DD and Senior and Disability services when it is discovered that a person is participating in both. This can be prevented when support coordinators coordinate with other systems at the local level. The Regional Office TCM TA Coordinators can provide assistance on support coordinator roles and responsibilities.

11. What exactly is a health home? Is this an individual who provides the service or an actual place someone can go?

Answer: A health home is a team of care professionals coordinating care for people with cooccurring chronic health conditions. Please refer to slides 53 through 50.

12. Question: If you are in an ISL and you have diabetes and heart disease, what would the Health Home program provide that the community RN would not?

Answer: The health home program provides a team of professionals whose clinical authority and responsibility go well beyond the scope of the community RN. We encourage you to review the information about health homes on the DMH website at <a href="http://dmh.mo.gov/about/chiefclinicalofficer/healthcarehome.htm">http://dmh.mo.gov/about/chiefclinicalofficer/healthcarehome.htm</a> and please consider referring any individuals whom you serve that may qualify for this program to a health home provider.

13. Are there known certain services where it would be a waste of time for the person's Dr to pursue the exceptions process??

Answer: The Exceptions program does not provide an exhaustive list of what may be covered and what may not. Exceptions are based on what is medically essential and are reviewed on a case-by-case basis.

14. How often is the provider directory updated on the DSS website?

Answer: The provider directory is electronically linked to the MO HealthNet Provider Enrollment process administered by the Department of Social Services. Updates are automatic.

15. Can we get a printout of this power point?

Answer: The power point is available at the bottom left-hand corner of your screen during the webinar. It was E-mailed to all Regional Offices and to all TCM providers. It will be posted on the DD website.

16. Is there a waiver that will provide home modifications and vehicle retro-fitting accommodations?

Answer: All 5 DD waivers cover home and vehicle accessibility modifications. The DHSS waivers do not.

17. How are people getting both state Plan PA and PA through the DD Waiver?

Answer: Coordination is done at the local level. The DD support coordinator works with the local office of the Division of Senior and Disability Services or the Bureau of Special Health Care Needs. Please see slides 13 and 25 for links to local contact information.

18. I did not think that shower chairs and commodes were covered for adults

Answer: Yes, this is one of the reasons we wanted to do this training. Internal audits found waiver being used to cover services and items that should have been covered through State Plan. Shower chairs are not covered for adults. Commodes are covered for adults. For items that require pre-certification, providers can access this information through CyberAccess.

19. Does state plan cover ceiling lifts or tracking systems?

Answer: No, these may be covered through the DD waivers.

20. Would the Aged and Disabled Waiver support a senior for 24 hours per day 7 days a week if they were MO healthNet eligible?

Answer: No, this waiver has limitations and does not provide round the clock supports.

21. The slide says after age 22 is that correct?

Answer: Healthy Children and Youth, Missouri's name for the federal Early Periodic Screening, Diagnosis and Treatment program or EPSDT, covers children and youth through age 20. Age 22 applies to DD eligibility, in that the injury causing the developmental disability or manifestation of the disability must have occurred prior to the age of 22.

22. If people are receiving services from a DD Waiver and a DHHS waiver what needs to be done?

Answer: The individual must choose the waiver that best meets their needs, and will be terminated from the other. MO HealthNet monitors claims data closely and on a regular basis, notifies the Divisions of DD and Senior and Disability services when it is discovered that a person is participating in two waivers. This can be prevented when support coordinators coordinate with other systems at the local level. The Regional Office TCM TA Coordinators can provide assistance on support coordinator roles and responsibilities.

23. It might be helpful to know what items were found in the audit that were purchased through the waiver that should have been covered by MoHealth Net

Answer: Because all types of equipment and supplies are covered under one HCPCS code (T2029) it requires a manual review of all authorizations in CIMOR. Each provider may review their own CIMOR authorizations for this code and look in the "comments" field.

24. Where is the disenrollment form located? (When someone is participating in two waivers or two self-directed programs)

Answer:	The division does not have a standard form.	The person or their guardian merely
needs to	provide a written, signed and dated statement	that they wish to continue to participate
in the	program (name of program) and wish	to be disrenolled from the
program (name of program.)		

25. Mo Healthnet Managed Care plans are not responsible for Division of DD waivers. Can you clarify this?

Answer: The MO HealthNet Managed Care plans are not responsible for any services covered under any DD waiver. The individual may receive services from both managed care and participate in a DD waiver as there is no duplication between the two programs.

- 26. How does a SC know if the individual is enrolled in a waiver and the service is not billed directly to MoHealthnet instead of a waiver?
- 27. Are there caps for the 5 waivers under the Department of Health and Senior Services?

Answer: Each DHSS waiver has its own benefit package and limits differ.

28. Children can receive in home services through BSHCN and out of home services through DD community Support waiver, correct?

Answer: In general, yes. However, support coordinators need to coordinate with other local agencies involved with the child to ensure no duplication.

29. Are DHSS self-directed services always waivered?

No. DHSS Consumer-directed services are available through the MO HealthNet State Plan and the Independent Living waiver. In either case, a person cannot self-direct services from both DHSS and DD.

30. If the person served resides in managed care county how do you get your consumer out of managed care quickly so that services are not interrupted?

Answer: Enrollment in a MO HealthNet managed care plan has absolutely no impact on participation in the waiver, as the services are not duplicative. Depending upon the type of MO HealthNet eligibility, some people may opt out of managed care and some are enrolled on a mandatory basis.

31: Who will we contact with DHSS to see if a person is enrolled in state plan Consumerdirected Services?

Answer: The local office of Sr, and Disability Services. Please see link on slide 25.

32. Are there items that we know won't be covered through this plan for adults that we will have to take to through the waiver?

Answer: Slides 33 through 36 list general categories of items. For specific items, please use the link on slide 32. Questions may be directed to MO HealthNet, please see contact information on slide 37. Another helpful resource is the Assistive Technology Guideline posted on the DD website <a href="http://dmh.mo.gov/docs/dd/Guideline25.pdf">http://dmh.mo.gov/docs/dd/Guideline25.pdf</a>

33. Do the waivers administered by DHSS cover incontinence supplies for adults?

Answer: The Independent Living Waiver, the Waiver for Medically Fragile Adults and the AIDS waiver cover incontinence supplies. The Aged and Disabled and Adult Day Care waivers do not. The individual's physician may submit an Exceptions request for adults requiring incontinence supplies who are participating in the DHSS waivers not covering this item.

34. Will NEMT provide transportation home from an emergency room visit?

Answer: NEMT is provided for trips arranged with less than 24 hour notice if it is considered urgent. In addition, transport from the ER is covered as long as the trip is called in by a hospital clinician.

34. Why was the Adult Day Health Care taken out of state plan and put in a waiver?

Answer: The Centers for Medicare and Medicaid Services required the state to take this action.

35. We do not uderstand why our county is a managed care county but other areas are not. Many of our consumers cannot use the BSHN CHY waiver because they are in a managed care county.

Answer: MO HealthNet managed care is only in specific regions of the state. The decision on which areas are included or not depends upon a number of variables, including area population, provider access, and capacity of qualified health plans. A map of the MO HealthNet managed care regions may be found at this link: <a href="http://dss.mo.gov/mhd/providers/pdf/puzzledterm.pdf">http://dss.mo.gov/mhd/providers/pdf/puzzledterm.pdf</a>

36: When the bureau of Special health care Needs came to our office they said that our consumers can use both HCY and Partnership for Hope as long as the personal assistnace are not doing the same things for the consumer. Is this correct?

Answer: Yes. Waiver PAS must be delivered in accordance with the scope of service detailed in the provider manual. Support coordinators should coordinate locally to ensure no duplication.

37. We have experienced some confusion on which waivers can be utilized together and those that cannot. Is there one location which gives us this information?

Answer: A person may not participate in more than one waiver.

38. Where is a listing of participating health centers?

Answer: If you are inquiring about health centers providing health home services, please see provide list on this link: <a href="http://dmh.mo.gov/about/chiefclinicalofficer/healthcarehome.htm">http://dmh.mo.gov/about/chiefclinicalofficer/healthcarehome.htm</a>

If you are inquiring about health centers in general please use the provider search option detailed in slides 6 and 7.